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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

AI	or the	2014 calendar year, or tax year beginning OCT 1, 2014 and ending	SEP 30, 2015				
В	Check if	C Name of organization	D Employer identifi	cation number			
	applicable						
	Addre:	CARSON VALLEY COMMUNITY FOOD CLOSET, INC.					
	Name change	Doing business as	88-0	258742			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone numbe	r			
	Final return/		(775	<u>)782-3711</u>			
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1536262.			
	Ameno	GARDNERVILLE, NV 89410	H(a) Is this a group re	eturn			
	Applic	F Name and address of principal officer.	for subordinates	? Yes X No			
	pendir	SAME AS C ABOVE	H(b) Are all subordinates in	ncluded? Yes No			
1	Tax-ex	empt status: X 501(c)(3)	527 If "No," attach a	list. (see instructions)			
		e: ► N/A	H(c) Group exemption	n number			
			fear of formation: 1989				
	art I	Summary					
_	1	Briefly describe the organization's mission or most significant activities: THE ORGA	NIZATION RECE	IVES			
Activities & Governance		MONETARY DONATIONS TO PURCHASE FOOD AND RECE					
'n		Check this box if the organization discontinued its operations or disposed of r					
Š		Number of voting members of the governing body (Part VI, line 1a)	3	13			
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)	4	12			
•ಶ ഗ	1	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	1			
Ę.		Total number of volunteers (estimate if necessary)	6	52			
ξ		Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.			
¥		• • • • • • • • • • • • • • • • • • • •	7 <u>a</u>	0.			
	<u>Р</u> -	Net unrelated business taxable income from Form 990-T, line 34					
Revenue	l _		Prior Year	Current Year			
		Contributions and grants (Part VIII, line 1h)	1241335.	1536011.			
	1	Program service revenue (Part VIII, line 2g)	0.	0.			
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	275.	251.			
_	11	Other revenue (Part VIII, column (A), lines 536d, 8649c, 10c, and 11e)	0.	0.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1241610.	1536262.			
		Grants and similar amounts paid (Part IX, column (A); lines 1-3)	1103490.	1353824.			
	14	Benefits paid to or for members (Part IX, column (A); line 4)	0.	0.			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	38000.	47065.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.			
ĝ	b	Total fundraising expenses (Part IX, column (D), line 25) 8028.					
ű	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	48157.	63550.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1189647.	1464439.			
	19	Revenue less expenses. Subtract line 18 from line 12	51963.				
50	1		Beginning of Current Year	End of Year			
ets	20	Total assets (Part X, line 16)	467286.	537730.			
ASS	21	Total liabilities (Part X, line 26)	2115.	736.			
Net Assets or Elind Ralanges	22	Net assets or fund balances. Subtract line 21 from line 20	465171.	536994.			
	art II	Signature Block					
		lities of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the hest of m	v knowledge and helief it is			
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which pre		y memorgo and bonon, icio			
uuc	,, 0011 60	Complete because of prepare (other trial office) to based on an information of which pro	1-25-	201/			
e:-		Signature of officer	Date	<u> </u>			
Sig			= 4.1.0				
He	re	Type or print name and title					
			Date Check	PTIN			
.	4	Print/Type preparer's name Preparer's signature		-			
Pai		JULIE CALLAHAN, CPA JULIE CALLAHAN, CPA	01/18/16 self-employ				
	parer	Firm's name BONARI AND CO. CPAS	Firm's EIN	26-0020989			
Use	Only	Firm's address 3724 LAKESIDE DRIVE, SUITE 201		751200 5050			
RENO, NV 89509 Phone no. (775) 322-585							
<u>Ma</u>	y the I	RS discuss this return with the preparer shown above? (see instructions)		X Yes No			
432	001 11-0	17-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2014)			

4e	Total program service expenses	<u> </u>		
	(Expenses \$ inclu Total program service expenses ▶	ding grants of \$) (Revenue \$	
4d	Other program services (Describe in Schedul	e O.)		
				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
				<u> </u>
		<u> </u>		· · · · · · · · · · · · · · · · · · ·
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
				
				· · · · · · · · · · · · · · · · · · ·
	WHO OTHERWISE WOULD HAY	VE BEEN WITHOUT FOOD		
	THE FOOD TO 12,314 INDI			TO PEOPLE
	RECEIVED 754,077 POUNDS	OF DONATED FOOD.	THE ORGANIZATION	DISTRIBUTED
4a	(Code) (Expenses \$142 DURING THE FISCAL YEAR	21738. including grants of \$	1353824.) (Revenue \$	ZATION
	revenue, if any, for each program service repo		1252024	
7	Section 501(c)(3) and 501(c)(4) organizations			
4	If "Yes," describe these changes on Schedule Describe the organization's program service a		argest program services, as measur	ired by expenses
3	Did the organization cease conducting, or ma	~	cts, any program services?	Yes X No
	If "Yes," describe these new services on Scho	edule O		. Lalies LALINO
2	Did the organization undertake any significant the prior Form 990 or 990-EZ?		ch were not listed on	Yes X No
	FOOD VOUCHERS FROM THE	··		
	DISTRIBUTED TO QUALIFIE			
	THE ORGANIZATION RECEIVED RECEIVES DONATED FOOD B			
1	Briefly describe the organization's mission:			
	Check if Schedule O contains a respon-	se or note to any line in this Part III		
	t III Statement of Program Service			

	•		Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yès," complete Schedule A	_1_	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
_	public office? If "Yes," complete Schedule C, Part I	3	l -	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			7.7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
e	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-6		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
J	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
·	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		Î	1
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
-	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			ĺ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			ĺ
	Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X_
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u> _
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	-	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		x
	Schedule D, Parts XI and XII	12a	<u> </u>	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	 	X
b	- · · · · · · · · · · · · · · · · · · ·	1.0		 -
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ļ	ļ	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_
	complete Schedule G, Part III	19	<u> </u>	X_
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	<u>X</u>
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	999	(2014)
				II A\

CARSON VALLEY COMMUNITY FOOD CLOSET, INC

Par	t IV Checklist of Required Schedules (continued)			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		·	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		i	
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			•
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			l L
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	000		х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34_	ļ	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		1	
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1	l	l l

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Note. All Form 990 filers are required to complete Schedule O

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14a

14a Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Х

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			\mathbf{X}
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 13			Ī
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		
	more members of the governing body?	7a	-	<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			37
_	persons other than the governing body?	7b		<u> </u>
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0	v	
	The governing body?	_8a _8b	X	
ь 9	Each committee with authority to act on behalf of the governing body?	ου_	Λ	
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	1011 D. 1 CHOICO (THIS OCCUST D requests information about political net required by the internal networks occus,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a_		Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	İ		
	ın Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent]		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			**
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ioa	taxable entity during the year?	16a	}	X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	THE ORGANIZATION - (775) 782-3711			
	1255 WATERLOO LANE, GARDNERVILLE, NV 89410		000	
43200	3 11-07-14	Forn	990	(2014

CARSON VALLEY	COMMUNITY	FOOD	CLOSET,	INC	88-0258742	Page 7

Form 990 (2014) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100.000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees, and former such persons.

(A) Name and Title	(B) Average hours per week	box	not c	ss pe	ntion more	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director			the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations			
(1) DON MCROBERTS CHAIRMAN	1.00	x		x	1			0.	0.	0.
(2) PAT CARDINAL	1.00				<u> </u>			· · · · · · · · · · · · · · · · · · ·		<u></u> _
VICE-CHAIRMAN		x		x				0.	٥.	0.
(3) MIKE LAWLOR	1.00								· · · · · · · · · · · · · · · · · · ·	<u> </u>
SECRETARY		x		X				0.	0.	0.
(4) JEANETTE JOHNSON	6.00									
TREASURER		X		X		1		0.	0.	0.
(5) KAREN BECKERBAUER	1.00									
DIRECTOR		X						0.	0.	0.
(6) JOHN CORONA	1.00									
DIRECTOR		X				<u> </u>		0.	0.	0.
(7) CYNTHIA SAWYER	1.00	1								
DIRECTOR		X	ļ			L	<u> </u>	0.	0.	0.
(8) NANCY HOLLENBACH	1.00	1		ĺ				_		_
DIRECTOR		X	ļ	<u> </u>	ļ	_	<u> </u>	0.	0.	0.
(9) CAROLINE LONGRE	1.00	ļ								
DIRECTOR	1	X	ļ	<u> </u>	<u> </u>	 	1	0.	0.	0.
(10) BARBARA MCROBERTS	1.00				ļ					
DIRECTOR	1 00	X	-	-	ļ	┢	}	.0.	0.	0.
(11) MIKE WILEY	1.00	١.,					1			١
DIRECTOR	1.00	X	-		┢╌		\vdash	0.	0.	0.
(12) KARIN ALLEN	1.00	X						0.	0.	0.
DIRECTOR	 	^	\vdash	-	\vdash	╁	+	·		<u> </u>
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Form 990 (2014)

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rait		(B)	ploy	ees.			gne	ST C	(D)	es (continuea) (E)	\top	/E)	
	(A) Name and title	Average							Reportable	(E) Reportable		(F) Estimate	ed
	Name and the	hours per	. I (do notcheck r						compensation	compensation			
		week					x/trus		from	from related		other	
		(list any	흕			1			the	organizations		compensa	ation
		hours for	쁄			ļ	E E		organization	(W-2/1099-MISC)	- 1	from th	1 C
		related	Stee 0	ruste		١	Sensa		(W-2/1099-MISC)			organizat	tion
		organizations	altu	ala		loye	5 8					and relat	
		line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organizat	ions
		1110)	_ Ē	È	ъ	할	포동	2			+		
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			1										
16	Sub-total	<u> </u>	i	J				_	0.		1.		0.
	Sub-total Total from continuation sheets to Part V	 N. Saatian A			•	•	•		0.).		0.
		ii, Section A			•	• •	•		0.).		0.
	Total (add lines 1b and 1c) Total number of individuals (including but r	not limited to th	1000	liete	nd al	hove	a) wt	10 r			•	_	
2	compensation from the organization	iot iiitiited to ti	1036	iiste	o ai	JUV	C) ***		SCOIVED MOTOR MIGHT WITCH	,000 or reportable			0
	Compensation from the organization											Yes	No
3	Did the organization list any former officer	director or tri	iste	e ke	v er	nnic	vee	or	highest compensated e	mnlovee on			
•	line 1a? If "Yes," complete Schedule J for			0, 110	,, o.		,,00,		ingilosi somponodiod s	mpleyee on		3	x
4	For any individual listed on line 1a, is the s			omn	ensa	atior	n and	I otl	her compensation from	the organization			 -
•	and related organizations greater than \$15	•		-						ino organization		4	x
5	Did any person listed on line 1a receive or									idual for services			
•	rendered to the organization? If "Yes," con	•				-					1	5	х
Sect	ion B. Independent Contractors												
1	Complete this table for your five highest co	ompensated in	dep	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of compe	nsat	ion from	
	the organization. Report compensation for	-	-										
	(A)								(B)			(C)	
	Name and business	s address	N	ON	E				Description of s	ervices	Co	mpensatio	วท
									·	<u>_</u>			
								_					
								İ					
								ļ				_	
				_	_			_					
							_						
2	Total number of independent contractors	·	not li	imıte	d to		_	stec	d above) who received n	nore than			
	\$100,000 of compensation from the organ	ization >					0						
432008											F	orm 990	(2014)

		Check if Schedule O con	ntains a respor	nse or note to any li	ne in this Part VIII			. [
•	ء راد (N. A.	* '		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	. 1a		-			
ran C	6		1b		1 -	_		
Contributions, Gifts, Grants and Other Similar Amounts			1c		-	' -	-	
			·		1 1			1
	٠	Related organizations	· · · —		-			
	e	Government grants (contribu			_	,		1
ē Ħ	1	All other contributions, gifts, grain	1 1	4506044				
들	,	similar amounts not included abo	ove <u>1f</u>	1536011.	<u> </u>			
ğ	g	Noncash contributions included in line	s 1a-1f \$	<u>1312013</u> .	,			ļ
<u>a</u> <u>Ö</u>	h	Total. Add lines 1a-1f		<u>.</u>	1536011.			
				Business Code	•			
9	2 a							
اه چ	b)				1		
8 5	, , <u>c</u>			··· ··· ··· ··				
Program Service Revenue	d			-				
	_		•					
P.		All other program service reve	enue -	_				
		Total, Add lines 2a-2f			-			
-					1	<u> </u>		<u>.</u>
	3	Investment income (including	g aiviaenas, in	terest, and	0.51	254		
		other similar amounts)			251.	251.		
	4	Income from investment of ta	•	•				
	5	Royalties		<u>,</u>				
			(i) Real	(ii) Personal	1	\$		
	6 a	Gross rents				,	•	
	b	Less: rental expenses	l		1			
	С	Rental income or (loss)) <u>.</u>	₹* = 	٠ -
	d	Net rental income or (loss)		>		['		-
		Gross amount from sales of	(i) Securitie	s (ii) Other		- i		
		assets other than inventory	() 0000	(.,, 5		, .		•
	L	Less: cost or other basis					5	'
	D		1			,		•
- 1		and sales expenses						
		Gain or (loss)	L		· ' ' '			
		Net gain or (loss)		· · <u>· · · · · · · · · · · · · · · · · </u>				
e l	8 a	Gross income from fundraisin	ng events (not			• ,		
ē		including \$	of					
ě		contributions reported on line			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
<u>م</u>		Part IV, line 18		a			i.	
Other Reven	b	Less: direct expenses					-, ,	
٥	С	Net income or (loss) from fund	draising event	s >		3		
		Gross income from gaming ac				7,5		
		Part IV, line 19		а		-	•	
ĺ	h	Less: direct expenses		ь	- 17	_	· ·	
l		Net income or (loss) from gan	nina activities		,			
		Gross sales of inventory, less	_					
	IU a	_			,	•	`	
		and allowances		a	, r			
		Less: cost of goods sold		b [•	
}	<u>c</u>	Net income or (loss) from sale						
		Miscellaneous Revenu	16	Business Code		•		
	11 a			_				
ļ	b						_	
	c							
	d	All other revenue						
	е	Total. Add lines 11a-11d				•		
	12	Total revenue. See instructions.			1536262.	251.	0.	0.
43200	9							Form 990 (2014)

	Check if Schedule O contains a respons		his Part IX	(C)	· /D\
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic		105001		
	ındıviduals. See Part IV, line 22	1353824.	1353824.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	44127	10057	10057	1112
_	trustees, and key employees	44127.	19857.	19857.	4413
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages Pension plan accruals and contributions (include				
8	section 401(k) and 403(b) employer contributions)			1	
9	Other employee benefits				
10	Payroll taxes	2938.	1322.	1322.	294
11	Fees for services (non-employees):	23301			
''a	Management				
b	Legal				
c	Accounting	1820.		1820.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ŭ	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	2210.			2210
13	Office expenses	2120.	636.	1060.	424
14	Information technology				
15	Royalties				
16	Occupancy	10277.	9352.	822.	103
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	69.	44.		25
20	Interest				
21	Payments to affiliates		6530	1001	120
22	Depreciation, depletion, and amortization .	8841.	6730.	1981.	130
23	Insurance	7466.	4635.	2812.	19
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	AUTOMOBILE EXPENSE	14429.	14429.		
b	REPAIRS AND MAINTENANCE	6885.	5237.	1648.	
c	TELEPHONE	2132.	1386.	725.	21
d	DAVIDALL GERLITAE EEE	1907.	858.	858.	191
е	All other expenses	5394.	3428.	1768.	198
25	Total functional expenses. Add lines 1 through 24e	1464439.	1421738.	34673.	8028
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)	<u></u>			Form 990 (2014

Part X		Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
		•	(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing	58730.	1	134984
2	2	Savings and temporary cash investments	235923.	2	222843
з	3	Pledges and grants receivable, net		3	
4		Accounts receivable, net		4	
5	5	Loans and other receivables from current and former officers, directors,			· · · · · · · · · · · · · · · · · · ·
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L	_ [5	
e	3	Loans and other receivables from other disqualified persons (as defined un	der		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribu	•		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
_ω		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	•	7	
& &		Inventories for sale or use	27080.	8	20237
9		Prepaid expenses and deferred charges	6528.	9	11353
I .		Land, buildings, and equipment, cost or other			
"	, a	basis. Complete Part VI of Schedule D 10a 3515	47.		
	b	Less: accumulated depreciation 10b 2164		10c	135147
11		Investments - publicly traded securities	276.	11	276
12		Investments - other securities. See Part IV, line 11		12	
13		Investments - program-related. See Part IV, line 11		13	
14		Intangible assets		14	
15		Other assets. See Part IV, line 11	1214.	15	12890
16		Total assets. Add lines 1 through 15 (must equal line 34)	467286.	16	537730
17		Accounts payable and accrued expenses	2115.	17	736
18		Grants payable		18	
19		Deferred revenue	-	19	
20		Tax-exempt bond liabilities		20	
21		Escrow or custodial account liability. Complete Part IV of Schedule D		21	
		Loans and other payables to current and former officers, directors, trustees	s		<u>. </u>
		key employees, highest compensated employees, and disqualified persons	l l		
Liabilities 52		Complete Part II of Schedule L		22	
23 ٿ	2	Secured mortgages and notes payable to unrelated third parties		23	
24		Unsecured notes and loans payable to unrelated third parties	-	24	
25	5	Other liabilities (including federal income tax, payables to related third		 -	
`	•	parties, and other liabilities not included on lines 17-24) Complete Part X o	f		
		Schedule D		25	
26	6	Total liabilities. Add lines 17 through 25	2115.	26	736
	<u>-</u>		ind		
ဖွာ		complete lines 27 through 29, and lines 33 and 34.			
ည် ₂₇	7	Unrestricted net assets		27	
Net Assets or Fund Balances		Temporanly restricted net assets		28	
B 29		Permanently restricted net assets		29	
<u>چ</u> ا	_	Organizations that do not follow SFAS 117 (ASC 958), check here ▶□	x		
<u> </u>		and complete lines 30 through 34.			
ş 30	0	Capital stock or trust principal, or current funds		30	0
88 3		Paid-in or capital surplus, or land, building, or equipment fund	0.		0
¥ 3		Retained earnings, endowment, accumulated income, or other funds	465171.	_	536994
2 3		Total net assets or fund balances	465171.	1	536994
	4	Total liabilities and net assets/fund balances	467286.		537730

Form 990 (2014)

	990 (2014) CARSON VALLEY COMMUNITY FOOD CLOSET, INC	88-0258	742	Pag	_{je} 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	•	362	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1464439.		
3	Revenue less expenses. Subtract line 2 from line 1	3		718	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	<u>651'</u>	<u>71.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		_		
	column (B))	10	5	<u> 369</u>	94.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			1	<u></u>
			\longrightarrow	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		} }		
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?	•	3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	200	
			Form	990 ((2014)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

Employer identification number

		CARS	ON VALLEY	COMMUNITY F	OOD CL	OSET,	INC		8-0258742
Part	ET]	Reason for Public (ee instruction		
The or	ganı	zation is not a private found	ation because it is: (I	For lines 1 through 11	check only	one box.)			
1 [A church, convention of chi	•	-		·	I)(A)(i).		
2	ヿ	A school described in secti					-70-7-		
3	=	A hospital or a cooperative			section 170	YhY 1Y AYii	ii)		
4 F	亏	A medical research organization	,				•	Viii\ Enter	the hospital's name
4 L		•	ation operated in cor	njuriculori witir a nospi	ai uescriber	ı ii secuo	11/0(0)(1)(A	Min). Cirro	the nospital s hame,
	_	city, and state:				A and the comment			4
5 L		An organization operated for		liege or university own	ed or opera	ted by a go	ovemmentai t	unit describ	oea in
_		section 170(b)(1)(A)(iv). (C							
6 L	=	A federal, state, or local gov	•						
7 L	X.	An organization that normal	lly receives a substa	ntial part of its suppor	t from a gov	emmental	unit or from t	he general	public described in
_		section 170(b)(1)(A)(vi). (Co	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete P	art II)				
9 [An organization that normal	lly receives: (1) more	than 33 1/3% of its s	upport from	contribution	ons, members	ship fees, a	nd gross receipts from
		activities related to its exem	npt functions - subjec	ct to certain exception	s. and (2) no	more tha	n 33 1/3% of	its support	from gross investment
		income and unrelated busin	•	•					•
		See section 509(a)(2). (Cor		(1000 000 000 000 000 000 000 000 000 00				3	
10 [\neg	An organization organized a	•	welv to test for public	safety See	caction 50	10(a)(A)		
г	亏	An organization organized a						arne out the	nurnasses of one or
11 L		•	•	•	•			-	
		more publicly supported or	~						DIECK THE DOX III
		lines 11a through 11d that	• •					_	
а	<u> </u>	Type I. A supporting orga	•	•	-	-			- •
		the supported organization			t a majority	of the dire	ctors or truste	es of the s	supporting
		organization. You must c	•						
b	L_	Type II. A supporting orga							
		control or management o	f the supporting orga	anization vested in the	same perso	ons that co	ontrol or mana	age the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operate	d in connec	tion with, a	and functiona	illy integrate	ed with,
		its supported organization	n(s) (see instructions). You must complete	e Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	v integrated. A supp	orting organization op	erated in co	nnection v	with its suppo	rted organi	zation(s)
		that is not functionally int							
		requirement (see instruct	-	-	-				
е		Check this box if the orga	•	-				II Type III	
C		functionally integrated, or					, , , po ., , , po	л, туро	
	Ente	• •	* -	many integrated suppl	nung organi	Zation.			
		er the number of supported of	•		•	•	•••		L
g		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the c	organization	(v) Amount o	f monetary	(vi) Amount of
	•	organization	(11) 2.11	(described on lines 1-9	listed	ın your	support		other support (see
		0.ga		above or IRC section	<u> </u>	document?	Instruct	-	Instructions)
				(see instructions))	Yes	No		·	
						<u> </u>			
			J			<u> </u>]		
			1						
					 	 	 		
Total			1				1		

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2014

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014 CARSON VALLEY COMMUNITY FOOD CLOSET, INC88-0258742 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Sac	tion A. Public Support	,,,,		-				
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
	Gifts, grants, contributions, and	(a) 2010	(0) 2011	(6) 2012	(0) 2013	(6) 2014	(I) IOIAI	
'	membership fees received (Do not							
	include any "unusual grants.")	1156385.	1022834.	1111786.	1241355.	1536011.	6068371.	
2	Tax revenues levied for the organ-	1130303.	10220311		1111000.		00000710	
_	ization's benefit and either paid to			į				
	or expended on its behalf							
2	The value of services or facilities							
3	furnished by a governmental unit to							
	the organization without charge							
	Total. Add lines 1 through 3	1156385.	1022834.	1111786.	1241355.	1536011.	6068371.	
	The portion of total contributions		20220021					
J	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4				-		6068371.	
	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
	Amounts from line 4	1156385.	1022834.	1111786.	1241355.	1536011.	6068371.	
-	Gross income from interest,							
-	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources	267.	262.	345.	255.	251.	1380.	
9	Net income from unrelated business						,	
	activities, whether or not the							
	business is regularly carried on				į		L	
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	-3.					-3 .	
11	Total support. Add lines 7 through 10						6069748.	
	Gross receipts from related activities,	etc (see instructi	ons)			12		
	First five years. If the Form 990 is for			d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)		
	organization, check this box and stop							
	ction C. Computation of Publ			·				
14	Public support percentage for 2014 (line 6, column (f) d	ivided by line 11, o	column (f))		14	99.98 %	
	Public support percentage from 2013			•		15	99.98 %	
16	33 1/3% support test - 2014. If the				14 is 33 1/3% or n	nore, check this be		
	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
ŀ					l line 15 is 33 1/3%	or more, check t	his box	
	and stop here. The organization qual				•			
17:	a 10% -facts-and-circumstances tes							
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization							
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
ı	b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or							
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the							
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 160, 1/a, or 17				
					Sche	edule A (Form 990	or 990-EZ) 2014	

432022 09-17-14

Schedule A (Form 990 or 990-EZ) 2014 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to
qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	I					
3	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						1
	the organization without charge .						
_	Total. Add lines 1 through 5					ļ	
7 a	Amounts included on lines 1, 2, and	1					
	3 received from disqualified persons	<u> </u>	ļ				
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year		<u> </u>				
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)	<u> </u>	<u> </u>	<u></u>	<u> </u>		<u> </u>
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6					1	
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ŧ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						1
	acquired after June 30, 1975						
	Add lines 10a and 10b		-				
11							
• •	activities not included in line 10b,						
	whether or not the business is						
12	regularly carned on Other income Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI) · · ·		 	 	1	 	
	Total support. (Add lines 9, 10c, 11, and 12)	the erges:set	le first second #5	rd fourth or 66th	tay year as a scatt	n 501/c)/3\ cracs:	I
14	First five years. If the Form 990 is fo	r trie organization	s iirst, secona, thi	ia, iourui, or iiith i	lan year as a section	on son(c)(s) organia	Lation,
<u></u>	check this box and stop here	ic Support P	ercentage			·	
	Public support percentage for 2014			column (fi)		15	%
	Public support percentage for 2014 (Public support percentage from 2013)			Column (1))		16	
	ction D. Computation of Inve					, 10 1	
						17	
	Investment income percentage for 2			116 13, COIGITITI (I))	•	18	
	Investment income percentage from				 15 is mara than		
19	a 33 1/3% support tests - 2014. If the						L' IS TIOL
	more than 33 1/3%, check this box a						and .
l	b 33 1/3% support tests - 2013. If the						
	line 18 is not more than 33 1/3%, ch						
<u>20</u>		on and not check a	a DUX ON IINO 14, 19	oa, Or 190, CHECK I			90 or 990-EZ) 2014
4222	122 00.17.14				- SC	neuule a (FUIII) 98	7U UI 33U*E&I &U 14

Schedule A (Form 990 or 990-EZ) 2014 CARSON VALLEY COMMUNITY FOOD CLOSET, INC88-0258742 Page 4 Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Sec	tion A. All Supporting Organizations		, 	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	1		
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by			İ
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	ļ	1
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2	ļ	<u> </u>
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a_		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	-		
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		1	
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
-	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			ł
	was accomplished (such as by amendment to the organizing document).	5a		
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ju		
_	designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
•	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			1
	benefited by one or more of its supported organizations; or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	1		
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial		 	
•	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		1	
•	If "Yes," complete Part I of Schedule L (Form 990).	8		:
02	Was the organization controlled directly or indirectly at any time during the tax year by one or more		 	
94	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	000		l
.	Did one or more disgualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which	<u>9a</u>		
U	the supporting organization had an interest? If "Yes," provide detail in Part VI .	05		
_		9b	 	
С				
40-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	<u>9c</u>	+	
iva	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting	40-		
	organizations)? If "Yes," answer (b) below.	10a	\vdash	
b		401-		
	determine whether the organization had excess business holdings.)	10b	1	1

	dule A (Form 990 or 990-EZ) 2014 CARSON VALLEY COMMUNITY FOOD CLOSET, INC66-U2:	00/4	Z Pa	ige 5
Pai	rt IV Supporting Organizations (continued)		\ <u>\</u>	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44.		l
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		Щ
Sec	tion B. Type I Supporting Organizations		· ·	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			1
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			1
	controlled the organization's activities. If the organization had more than one supported organization,			1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	_1_		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	ſ		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		i	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
	r		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1 1	1
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			,
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		İ	1
	supported organizations played in this regard.	3		1
Sec	ction E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
а	The second of the Arithmetic Theory of the Arithmetic Theory			
b	The state of the supported supported appropriate line 2 holes.			
c	The second of th	ructions	s) <u>. </u>	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	D. I. I. I. I. I. I. I. I. I. I. I. I. I.			
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		ļ	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	<u></u>	<u>L</u> _
b	The state of the s			
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
2	Parent of Supported Organizations. Answer (a) and (b) below.		1	†
3	C. 1.1			
а	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u> </u>	1	†
C	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		
	of its supported organizations in 100, december in the Fr. Die 1010 pieros by the organization in this regard.		•	

432025 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

Sche Par	dule A (Form 990 or 990-EZ) 2014 CARSON VALLEY COMMUNITY Type III Non-Functionally Integrated 509(a)(3) Supportin			8-0258742 Page 6
	Check here if the organization satisfied the Integral Part Test as a qualifying			estions All
1	other Type III non-functionally integrated supporting organizations must co			Cuons. All
Secti	on A - Adjusted Net Income	inplete C	(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of pnor-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
·	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year).			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,		·	
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Mınimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		·	
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-integra	ated Type III supporting org	anızatıon (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2014 CARSON VALLEY COMMUNITY FOOD CLOSET, INC88-0258742 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (pnor IRS approval required) Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2014 from Section C, line 6 Line 8 amount divided by Line 9 amount (i) (ii) (iii) **Excess Distributions Underdistributions** Distributable Section E - Distribution Allocations (see instructions) Pre-2014 Amount for 2014 Distributable amount for 2014 from Section C, line 6 1 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2014: b C d e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2014 from Section D, line 7[.] a Applied to underdistributions of prior years **b** Applied to 2014 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). Excess distributions carryover to 2015. Add lines 3_j and 4c. Breakdown of line 7. d Excess from 2013 e Excess from 2014

Schedule A	(Form 990 or 990-EZ) 2014	CARSON VALL	EY COMMUNIT	Y FOOD	<u>CLOSET,</u>	INC88-0258742 Page:
Part VI	Supplemental Infor	mation. Provide the e	explanations required b	y Part II, line 1	0; Part II, line	INC88 – 0258742 Page : 17a or 17b, and Part III, line 12.
	Also complete this part fo				-,	,,,,
	Also complete tris part ic	or arry additional informa	mon. (See manuchons)	<u>- </u>		
				-		
						· · · · · · · · · · · · · · · · · · ·
						
			•			
						
						
						·
		· · · · · · · · · · · · · · · · · · ·				
		·		·		
						

SCHEDULE D

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	CARSON VALLEY COMM	UNITY FO	OOD CLOSET, I	INC	88-0258742
Par		ed Funds or	Other Similar Fund	ds or A	ccounts. Complete if the
_	organization answered "Yes" to Form 990, Part IV, lin	ne 6.			
			or advised funds	(1	b) Funds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the	assets held in donor ad	vised fun	ds
	are the organization's property, subject to the organization's				· Yes No
6	Did the organization inform all grantees, donors, and donor a			oe used c	only
	for charitable purposes and not for the benefit of the donor	or donor adviso	r, or for any other purpos	se confer	ring
	ımpermissible private benefit?		· · · · · · · · · · · · · · · · · · ·		Yes No
Par	t II Conservation Easements. Complete if the or	ganızation ansv	vered "Yes" to Form 990	, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organizat	tion (check all tl	nat apply)		
	Preservation of land for public use (e.g., recreation or	education)	Preservation of a hi	stoncally	ımportant land area
	Protection of natural habitat		Preservation of a co	ertified hi	stonc structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	ified conservati	on contribution in the for	m of a co	onservation easement on the last
	day of the tax year.				
					Held at the End of the Tax Year
а	Total number of conservation easements				2a
b	Total acreage restricted by conservation easements .				2b
C	Number of conservation easements on a certified historic st				2c
d	Number of conservation easements included in (c) acquired	after 8/17/06,	and not on a historic stru	cture	
	listed in the National Register				2d
3	Number of conservation easements modified, transferred, re	eleased, extingi	ished, or terminated by	tne organ	nization during the tax
_	year >				
4	Number of states where property subject to conservation ea				
5	Does the organization have a written policy regarding the per- violations, and enforcement of the conservation easements		ig, inspection, nandling t	J1	Yes No
	Staff and volunteer hours devoted to monitoring, inspecting		conservation easements	s durina t	
6	Amount of expenses incurred in monitoring, inspecting, and				
7 8	Does each conservation easement reported on line 2(d) abo				
0	and section 170(h)(4)(B)(ii)?	ovo danoty and t		()()(-	Yes No
9	In Part XIII, describe how the organization reports conservation	tion easements	in its revenue and exper	 ise stater	ment, and balance sheet, and
9	include, if applicable, the text of the footnote to the organization				
	conservation easements.			`	
Pa	rt III Organizations Maintaining Collections	of Art, Histo	rical Treasures, or	Other	Similar Assets.
	Complete if the organization answered "Yes" to Forn				
	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to	report in its revenue sta	tement a	nd balance sheet works of art,
	historical treasures, or other similar assets held for public ex				
	the text of the footnote to its financial statements that desc				
b	If the organization elected, as permitted under SFAS 116 (A	ASC 958), to rep	ort in its revenue statem	ent and b	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition,				
	relating to these items:				
	(i) Revenue included in Form 990, Part VIII, line 1				. ▶ \$
	(ii) Assets included in Form 990, Part X			-	> \$
2	If the organization received or held works of art, historical tr	reasures, or oth	er sımılar assets for finan	cıal gain,	provide
	the following amounts required to be reported under SFAS	116 (ASC 958)	relating to these items:		
а	Revenue included in Form 990, Part VIII, line 1				> \$
b	Assets included in Form 990, Part X			•	> \$

Schedule D (Form 990) 2014

Schee		VALLEY COM						88-02 ar A sse			1ge 2
3	Using the organization's acquisition, accessi	on, and other record	is, check	any of the	following that	t are a sig	inificant	use of its	collectio	n item	s
	(check all that apply):			-							
а	Public exhibition	d	ı 🔲 i	oan or exc	hange progra	ıms					
b	Scholarly research	е	. 🗆	Other							
С	Preservation for future generations						,				
4	Provide a description of the organization's co	ollections and explai	n how th	ey further tl	he organizatio	on's exem	npt purpe	ose in Par	t XIII.		
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma								Yes_		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the	organizatio	n answered "	Yes" to F	orm 990	, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for d	contribution	s or other as:	sets not II	ncluded				
	on Form 990, Part X?								Yes] No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:							
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance				_		1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	scrow or cu	ustodial accoi	unt liabilit	y?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanatio	n h <u>as been</u>	provided in F	Part XIII]
Par	t V Endowment Funds. Complete r	f the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 10).				
		(a) Current year	(b) P	rior year	(c) Two year	s back (d) Three y	ears back	(e) Four	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships			_				-			
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent vear end balance	e (line 1	a, column (a	a)) held as:				•		
	Board designated or quasi-endowment	•	%	•	,,						
	Permanent endowment ▶	%									
	Temporarily restricted endowment	<u></u> %									
_	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.									
3a	Are there endowment funds not in the posse		ation tha	t are held a	nd administe	red for the	e organiz	zation			
-	by:						J		1	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations			•	• •	•	• •		3a(ii)		
h	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	Iule R?		••		•	3b		
4	Describe in Part XIII the intended uses of the				•						
	t VI Land, Buildings, and Equipm			-							
	Complete if the organization answere). Part IV	. line 11a. S	ee Form 990.	Part X. II	ne 10.				
	Description of property	(a) Cost or o			or other		cumulate	ed	(d) Boo	k valu	
	Bosonphon of property	basis (investi			(other)		reciation		(4,		•
12	Land				12500.					125	00-
_	Buildings	•		2	00815.		956	68.		051	
	Leasehold improvements										- / •
	Equipment			1	38232.		1207	32.		175	0.0
	Other						<u> </u>	- ·		<u> </u>	
	Add lines 1a through 1a (Column (d) must e	aual Form 990 Part	Y colun	nn (P) line 1	1001				1	351	47

Schedule D (Form 990) 2014

Franchial derivatives Closely-held equity interests Other (A) (B) (C) (C) (B) (C) (C) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	to Form 990, Part IV, line (b) Book value		st or end-of-year market value
Closely-held equity interests Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C			
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	dule D (Form 990) 2014 CARSON VALLEY COMMUNITY FOC		INC 88-0258742 Page 4
Pai	T XI Reconciliation of Revenue per Audited Financial Statemen	its with Revenu	e per neturn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		. 1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 +	
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	
đ	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	man With Francis	5
Ра	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts with Expens	ses per Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		·
1	Total expenses and losses per audited financial statements		. 1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
а	Donated services and use of facilities .	2a	
b	Prior year adjustments	_2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d .	•	. <u>2e</u>
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
	rt XIII Supplemental Information.		
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part I		art V, line 4; Part X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional information.	
			
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43205			

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047	2014	Open to Public

Employer identification number

Inspection

▶ Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	or government	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantee criteria used to award the grants or assistance? Confering used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States or Describe in Part IV the organization's brownents. Complete a carpent that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of non or government assistance) (a) Name and address of organization (d) EIN (d) Amount of assistance) (b) EIN (c) IRC section (d) Amount of assistance) (c) IRC section (d) Amount of assistance) (d) Amount of (e) Amount of assistance or government.	funds in the Unite c Governments. C on a space is need (d) Amount of cash grant	d States. complete if the orgated. (e) Amount of non-cash assistance	for the grants or ass (f) Method of valuation (book, FMV, appraisal, other)	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection e of grant funds in the United States. Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any elif additional space is needed. (a) Amount of about the inon-cash and the complete in the organization answered "Yes" to Form 990, Part IV, line 21, for any elif additional space is needed. (b) Amount of assistance assistance assistance assistance of their) (c) Amount of assistance assistance assistance of their) (d) Amount of assistance assistance assistance assistance assistance of their)	tton IV, line 21, for any (h) Purpose of grant or assistance
- F OOO	number of section 501(c)(3) and government c	organizations listed in th	ne line 1 table				
	number of other organizations listed in the line	e 1 table		i			Schoolile I (Form 000) (2014)

30

Schedule I (Form 990) (2014) (f) Description of non-cash assistance FOOD (book, FMV, appraisal, other) 1353824, FAIR MARKET VALUE Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (d) Amount of non-cash assistance ö (c) Amount of cash grant 31 THE ORGANIZATION DOES NOT DISTRIBUTE GRANT FUNDS (b) Number of recipients 12314 ONLY NON-CASH ASSISTANCE IS DISTRIBUTED (a) Type of grant or assistance PART III 432102 10-15-14 FOOD

Page 2

88-0258742

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

CARSON VALLEY COMMUNITY FOOD CLOSET,

Schedule I (Form 990) (2014)

Part III

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.lrs.gov/form990.

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CARSON VALLEY COMMUNITY FOOD CLOSET, INC

Employer identification number 88-0258742

Schedule J (Form 990) 2014

Pa	art I Questions Regarding Compensation			_
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			_
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			ŀ
	Compensation committee Written employment contract			•
	independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:)		
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III	1		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a	ļ	X
b	Any related organization?	6b		X
_	If "Yes" to line 6a or 6b, describe in Part III.			}
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	_		
_	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	 	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	L .	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2014

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VIII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred in prior Form 990
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

	CARSON VALLE	Y COMM	UNITY FOO	D CLOSET, INC	88-0	2587	742	
Par	t I Types of Property			<u> </u>				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 10	(d) Method of de noncash contribu	etermini		S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles					_		
7	Boats and planes							
8	Intellectual property .							
9	Securities - Publicly traded .		_					
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -	<u> </u>						
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential		<u></u>					
16	Real estate - Commercial .				<u> </u>			
17	Real estate - Other .							
18	Collectibles							
19	Food inventory	X	621890		621,890 LBS	s. e	<u>\$1</u>	<u>.72</u>
20	Drugs and medical supplies				ļ			
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens	ļ	ļ					
24	Archeological artifacts				100 100			
25	Other (FOOD INVEN.	X	132187	0.	132,187 LBS	s e :	<u> </u>	70_
26	Other						-	
27	Other • ()							
28	Other (<u> </u>					
29	Number of Forms 8283 received by the organ							
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive b					1 1		
	must hold for at least three years from the dat	te of the initi	al contribution, and	d which is not required to b	e used for			
	exempt purposes for the entire holding period	I?			•	30a		X
b	If "Yes," describe the arrangement in Part II							۹,
31	Does the organization have a gift acceptance					31		X
32a	Does the organization hire or use third parties	or related o	organizations to sol	licit, process, or sell noncas	sh			
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	n column (c)	for a type of prope	erty for which column (a) is	checked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	e the Instru	ctions for Form 99	90.	Schedule M	l (Form	990) ((2014)

Schedule M	(Form 990) (2014)	CARSON	VALLEY	COMMUNITY	FOOD	CLOSET,	<u>INC</u>	<u>88-0258742</u>	Page 2
Part II	Supplemental is reporting in Part this part for any ac	t I. column (b),	the number of	COMMUNITY ne information requi of contributions, the	red by Part number of	I, lines 30b, 32 items received	b, and 33, a , or a combi	and whether the orgar nation of both. Also c	nization omplete
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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

Open to Public Inspection **Employer identification number**

CARSON VALLEY COMMUNITY FOOD CLOSET, INC 88-0258742
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE GENERAL PUBLIC. THE FOOD IS DISTRIBUTED TO QUALIFIED INDIVIDUALS
AND FAMILIES WHO HAVE RECEIVED FOOD VOUCHERS FROM THE LOCAL SOCIAL
SERVICES OFFICE.
FORM 990, PART VI, SECTION A, LINE 2:
TWO OF THE DIRECTORS ON THE BOARD ARE MARRIED TO EACH OTHER (DON MCROBERTS
AND BARBARA MCROBERTS).
FORM 990, PART VI, SECTION B, LINE 11:
THE 990 WAS PROVIDED TO THE TREASURER AND CHAIRMAN. THEY REVIEWED THE
RETURN PRIOR TO THE FILING OF THE RETURN.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE
AVAILABLE TO THE PUBLIC UPON REQUEST.